

Dear Patient:

To ensure your health and safety, we developed this list to help you and us keep track of your medications. Some medications may contradict the effects of others, or may not be effective in the presence of other medications. To prevent dangerous combinations of medications, please:

- 1. List all the medications that you are taking, to include all prescribed medications from here or other facilities, over the counter medicines, herbals, vitamins, and food supplements.**
- 2. Update your record whenever you receive a new prescription or begin taking any new over the counter medicines.**
- 3. Bring this form with you to all your appointments, otherwise you will have to complete a new form when you arrive at the clinic, before we can start your appointment.**

We thank you for the opportunity to serve you.

The MEDDAC-Japan Staff

Patient's Full Name _____ **Full Date of Birth** _____

My Medication List

Clinic Use Only

Name of my medicine	How much do I take	When do I take it	What do I use it for	Initial when added to AHLTA	Date when added to AHLTA
FOR EXAMPLE: Hydrochlorthiazide	25 mg	9 am	High blood pressure		

MDJ Form XX (Test April 2007)

Patient's Full Name _____ **Full Date of Birth** _____

My Medication List (Con't)

Clinic Use Only

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